

Docket No.: \_\_\_\_\_

**DECLARATION AND POWER OF ATTORNEY  
UNDER 35 USC §371(c)(4) FOR  
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:  
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: EXPOSURE METHOD AND SYSTEM

described and claimed in international application number PCT/JP99/03862 filed July 16, 1999

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-4400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<b>Typewritten Full Name of Sole or First Inventor</b>	Takashi AOKI		
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature</b>	<u>Takashi Aoki</u>		
3	<b>Date of Signature</b>	<u>January 16, 2002</u>		
		Month	Day	Year
	<b>Residence:</b>	<u>Kawasaki, Kanagawa</u>		
		City	State or Province	Country
	<b>Citizenship:</b>	<u>Japanese</u>		
	<b>Post Office Address:</b>	<u>c/o NIKON CORPORATION,</u>		
	(Insert complete mailing address, including country)	<u>Intellectual Property Headquarters</u>		
		<u>Fuji Bldg., 2-3, Marunouchi 3-chome, Chiyoda-ku,</u>		
		<u>Tokyo 100-8331 Japan</u>		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

(Discard this page in a sole inventor application.)

1 **Typewritten Full Name  
of Joint Inventor**

Soichi

OWA

2 **Inventor's Signature:**

Given Name

Middle Initial

Family Name

3 **Date of Signature:**

Month

Day

Year

Residence:

Setagaya

Tokyo

JAPAN

Citizenship:

Japanese

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State or Province

Country

Post Office Address:  
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address, including country)

c/o NIKON CORPORATION,

Intellectual Property Headquarters

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1 **Typewritten Full Name  
of Joint Inventor**

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:**3 **Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:  
(Insert complete mailing  
address, including country)1 **Typewritten Full Name  
of Joint Inventor**

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:**3 **Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:  
(Insert complete mailing  
address, including country)1 **Typewritten Full Name  
of Joint Inventor**

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Middle Initial

Family Name

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Country

Citizenship:

Post Office Address:  
(Insert complete mailing  
address, including country)

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This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

**PTO RECEIPT FOR FILING OF PAPERS**

**The following papers have been filed:**

PCT Trans. Ltr., Declaration

**Name of Applicant:** Takashi AOKI et al.

**Serial No.:** U.S. National Stage of PCT/JP99/03862

**Atty. File No.:** 111673

**Title (New Cases):**

**Sender's Initials:** JAO/cmm

167/41

**PATENT OFFICE DATE STAMP**



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AND RETURNED BY MESSENGER**